



County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

E	New	Vendor Code		Dept.	Contract Number	
M	<input checked="" type="checkbox"/> Change			SC	2000-34 A-1	
X	Cancel				A	
County Department				Dept.	Org.	Contractor's License No.
Arrowhead Regional Medical Center						
County Department Contract Representative				Ph. Ext.		Amount of Contract
Mark H. Uffer, Director				580-6150		Varies
Fund	Dept.	Organization	Appr.	Obj/Rev Source	Activity	GRC/PROJ/JOB Number
EAD	MCR	MCR	200	2445		
Commodity Code			Estimated Payment Total by Fiscal Year			
			FY	Amount	I/D	FY Amount I/D
Project Name						
Primary Care Services to						
CMSP Patients						

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and
Name

Arlene Braham, MD

hereinafter called Provider

Address

14274 Monte Verde Road

Apple Valley, California 92307

Phone

Birth Date

(760) 242-1459

Federal ID No. or Social Security No.

098-54-8014

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

AMENDMENT # 1

Amend contract No. 2000-34 in the following manner:

DELETE Section 4.01 and **ADD** new Section 4.01 as follows:

Provider shall be paid at the agreed upon rate of \$13.50 per member per month. An eligible person will be enrolled for up to twelve (12) months from the date of application unless such person ceases to be eligible for CMSP benefits or requests and is granted a change of primary care providers.

All other terms and conditions of Contract No. 2000-34 remain unchanged.

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